

**MINUTES OF THE JANUARY 11, 2012, MEETING  
OF THE COMMITTEE OF THE WHOLE  
OF THE GOVERNING BOARD OF THE  
ILLINOIS HEALTH INFORMATION EXCHANGE AUTHORITY**

The Board of Directors (the “Board”) of the Illinois Health Information Exchange Authority (“Authority”), pursuant to notice duly given, held a meeting at 10:30 a.m. on January 11, 2012, at the State of Illinois J.R. Thompson Center in downtown Chicago, IL.

<u>Appointed Members Present:</u> 1. Dr. Bechara Choucair 2. Mr. David Holland 3. Dr. William Kobler 4. Dr. Nancy Newby 5. Dr. Nicholas Panomitros 6. Dr. Bruce Wellman 7. Dr. Cheryl Whitaker	<u>OHIT Staff Present:</u> Laura Zaremba; Ian Bertorelli; Mark Chudzinski; Robert Crane; Diego Estrella; David Fagus; Krysta Heaney; Danny Kopelson; Saroni Lasker; Mary McGinnis; Melissa Tyler; Cory Verblen
<u>Appointed Members Present by conference phone:</u> 1. Mr. Mark Neaman	
<u>Ex-Officio Members Present:</u> 1. DOI – Mrs. Colleen Burns 2. DHS – Mrs. Susan Locke 3. OOG – Mrs. Amy Sagen 4. DPH – Mr. David Carvalho	<u>Vacancies:</u> Executive Director <u>Ex-Officio Members Absent:</u> HFS – Director Julie Hamos

*Call to Order and Roll Call*

Dr. Cheryl Whitaker welcomed the appointed and ex-officio members of the Illinois Health Information Exchange Authority, as well as the members of the general public in attendance. Mr. Chudzinski, Secretary to the Board, confirmed the presence of the Members of the Authority Board noted above. There were no objections from the members of the Authority Board to the participation by conference phone of Mr. Mark Neaman, who had advised the Secretary in advance of his attendance by electronic means necessitated by business or employment purposes. Dr. Whitaker noted that today’s meeting of the Committee of the Whole was informational, and that the Board would not be making any decisions on any matters scheduled to be discussed and voted upon later that day.

*Discussion of Finance Policy Questions*

Mr. David Fagus, the Authority’s Treasurer, reported that the Budget and Finance Committee has explored the development of policies that will help shape the Authority’s business plan. The following five policies were reviewed by the Committee and referred to the Committee of the Whole for further discussion by all of the members of the Board.

*Policy Question 1: When should ILHIE begin charging for services?*

The Illinois Health Information Exchange will offer two services initially: ILHIE Direct Secure Messaging and the ILHIE Core Services. The following options pertain only to the ILHIE Core Services and any additional services developed in the future. (Under the federal HHS/ONC grant for the development and implementation of the ILHIE, ILHIE Direct Secure Messaging will be provided at no cost to users at least through 2012.)

Option 1: ILHIE can begin charging fees for service beginning in 2013

Option 2: ILHIE can offer services at no cost until January 2014 (end of federal grant)

*Policy Question 2: Should ILHIE pricing structures provide for discounted or subsidized rates for “Safety Net” and disadvantaged providers and hospitals? What should the criteria be to qualify for such a discount?*

“Safety Net” (high-volume Medicaid/uninsured) and rural providers are essential participants in HIE. It is a basic expectation of the ILHIE enabling statute and the federal HHS/ONC grant that this State-level HIE program will be one that is available to all patients and providers. Some providers and their organizations operate in an environment whereby the expense of HIE costs are simply unaffordable. Without subsidy they will not be able to participate in the HIE.

Option 1: No subsidy will be granted.

Option 2: “Safety Net” providers and rural providers should be granted a subsidy in an amount to be determined by the Board once the base pricing for all participants has been determined.

*Policy Question 3: Should sub-State HIEs (public, open, membership driven) be charged to connect to the ILHIE? How should the ILHIE membership fees be collected?*

In order to ensure appropriate security and privacy requirements for the ILHIE network, every user of the ILHIE is going to be required to be a member of ILHIE, regardless of how they connect to the network (i.e. directly or through a sub-State HIE). This policy is predicated on the idea that charges will not be implemented until such a time that we are charging for services.

Option 1: ILHIE does not connect to sub-State HIEs and therefore does not charge the sub-State HIEs. ILHIE adopts a business plan with the full intention of becoming the sole provider of HIE services in Illinois and collects all membership fees directly.

Option 2: Each sub-State HIE will purchase ILHIE memberships for any and all of its members and will make regular and full payments to ILHIE on behalf of its members. This will allow all users who seek a sub-State HIE option to be dual users of the ILHIE and the Sub-State HIE, with one place to pay.

Option 3: ILHIE does not charge the sub-State HIEs, but requires every participant/member of the sub-State HIE to hold an ILHIE membership. This option requires payment in two places, ILHIE and the sub-State HIE, if a participant wishes to participate in a sub-State HIE.

Option 4: ILHIE provides the technology infrastructure for the sub-State HIE, and the sub-State HIE functions as a local service agent/provider for ILHIE. All participants are members of ILHIE and ILHIE directly collects membership fees while the sub-State HIE provides sub-State governance and presence in the service community.

Option 5: ILHIE can enter into a contractual relationship with the sub-State HIEs whereby the sub-State HIE functions as an ILHIE-designated HIE service provider and ILHIE markets services through the sub-State HIE whenever possible. ILHIE serves as the provider for areas that do not offer sub-State HIE services or for those who have service needs that cannot be met by the sub-State HIE.

*Policy Question 4: Should enterprise HIEs (private, closed) be charged the regular and customary rate for each institution of the system regardless of their HIE status?*

In order to ensure appropriate security and privacy requirements for the ILHIE network, every user of the ILHIE is going to be required to be a member of ILHIE, regardless of how they connect to the network. This policy is predicated on the idea that charges will not be implemented until such a time that we are charging for services.

Option 1: Charge enterprise/private HIEs at the usual and customary rate. At this time ILHIE is not in a position to offer discounts for volume. Over the course of the next 11 months OHIT will be negotiating an alternate model for ISC charges that may allow for such discounts.

*Policy Question 5: Should physicians and hospitals who participate in the ILHIE be required to share patient records (with appropriate consent) in order to access patient records?*

In the future, patients will expect to control their own health data. Data sharing is essential to the short and long-term success of all HIEs. If ILHIE participating members are allowed to view data without providing data it will provide incomplete patient records and will deny the patient the fundamental right to participate in the HIE. Data sharing requirements for participation in the ILHIE can be adopted in administrative rule. Recommendations regarding consent policy that clarifies or modifies existing law will require adoption of resolution of the Board to seek legislation to be acted upon by the General Assembly.

Option 1: All participants must provide data from any patient that wishes to participate in an HIE service.

Option 2: Providers may have View Only privileges for a 90 day trial. At the end of that period the customer will have the option of continuing services as a fully sharing member or services will be terminated.

Option 3: ILHIE will offer a “View Only” option. Having information available to the providers, regardless of the providers willingness to share data, is a benefit to the patient.

Mr. Fagus noted that it would be incumbent upon the Authority to conduct a financial and technical assessment of each emerging sub-State HIE initiative in considering potential partnership relationships with such entities. The emerging sub-State HIE initiatives have been requested to voluntarily submit specific information to the Authority; the members of the Board have also been advised that the Authority may seek information from sub-State HIE initiatives as part of a registration program implemented by the Authority through regulation. The Committee was advised that the following information should be sought:

1. What is the name of the HIE?
2. What is the governance structure?
3. Does the HIE have a contract to provide services from an IT vendor? If so, what is the name of the vendor?
4. What are the following terms of the contract: Length? Options? Use cases?
5. What is the total per year cost of the contract to the sub-State HIE?
6. What percentage of the contract does the HIE have committed funding available to pay?
7. What services will the HIE be offering in the next 12 months, 24 months, 36 months?
8. What counties, cities, or area do the HIE consider to be in your service area?
9. What providers have committed to utilizing the HIE’s services and for how long?
10. How many health care providers, (hospitals, large practices, FQHC’s, small practices, ect.) are located in the HIE’s service area?
11. How many long term care providers are utilizing the HIE’s services?
12. How many behavioral health (mental health or substance abuse) providers are utilizing the HIE’s services?
13. Does the HIE have any particular services for small practice providers, FQHC’s, or practitioners and providers not part of large practice groups and not hospitals?
14. What is the HIE’s general approach to ensuring the privacy and security of data exchanged in the HIE?

In the ensuing discussion it was suggested that the OHIT staff proceed with collection of data desirable for the Board’s consideration in relation to future policy recommendations. In considering policies for adoption, the Board members wish to receive from the OHIT staff a formal recommendation with a written rationale.

#### *Preview of Board Meeting*

Dr. Whitaker reviewed the Agenda for the upcoming meeting of the Board, to be formally convened after the conclusion of lunch at noon.

#### *Public Comment*

There were no public comments offered.

DRAFT, 2/10/12

*Adjournment*

The meeting was adjourned at noon.

Minutes submitted by:  
Mark Chudzinski, Secretary